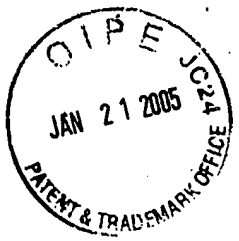


JAN 24 2005



PATENT
450100-02236

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s) : Kiyotaka NAKABAYASI et al.
Serial No. : 09/455,576
For : **IMAGE-PROCESSING APPARATUS AND
IMAGE-PROCESSING METHOD**
Filed : December 6, 1999
Examiner : Jingge Wu
Art Unit : 2623

745 Fifth Avenue
New York, NY 10151

EXPRESS MAIL

Mailing Label Number: EV 384277845 US

Date of Deposit: January 21, 2005

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" Service under 37 CFR 1.10 on the date indicated above and is addressed to: **Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450**

Adnan Ahmed
(Typed or printed name of person mailing paper or fee)

A. [Signature]
(Signature of person mailing paper or fee)

AMENDMENT AFTER FINAL

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

Dear Sir:

This is responsive to the Final Office Action mailed on August 26, 2004, a two-month extension of time being requested herein. Any fee occasioned by this paper, and not accounted for herein, may be charged, or overpayment credited, to Deposit Account No. 50-0320.

01/25/2005 CNGUYEN 00000005 09455576

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PATENT
450100-02236

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745 Fifth Avenue
New York, NY 10151
Tel: 212-588-0800

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☐ No additional fee is required.
☒ The fee has been calculated as shown below.
☐ This is an application of a small entity under 37 CFR 1.9(f), and the amounts shown in parentheses apply.

Claims as Amended

(1)	(2) Claims remaining after amendment	(3)	(4) Highest number previously paid for	(5) Present extra	(6) Rate	(7) Additional Fee
Total claims	2	Minus	** =20	* 0 x	\$50 (25)	= \$ 0
Independent claims	2	Minus	*** =3	* 0 x	\$200(100)	= \$ 0
Total additional fee for this amendment						\$ 0

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
** If the highest number of total claims previously paid for is less than 20, write "20" in this space.
*** If the highest number of independent claims previously paid for is less than 3, write "3" in this space.

- ☐ This application contains a multiple dependent claim. The required fee of \$360(180) has been previously paid ☐, or is paid herewith ☐.
- ☒ This response is being filed within the second month following the expiration of the term originally set therefor. This is a petition to request a two month extension of time. A check covering the cost of the petition is enclosed.
- ☒ A check in the amount of \$450.00 is attached, which covers the cost of ☐ additional claims X petition for extension of time.
- ☐ Charge \$_____ to Deposit Account No. 50-0320.
- ☒ Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.

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Alexandria, VA 22313-1450.

Adam Ahmed
(Typed or printed name of person mailing paper or fee)

A. Ahmed
(Signature of person mailing paper or fee)

Respectfully submitted,

FROMMER LAWRENCE & HAUG LLP
Attorneys for Applicants

By: Thomas F. Presson
Thomas F. Presson
Reg. No. 41,442
Tel: 212-588-0800